

# HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible pencil, or in carbon and retained by the Agent. —ORIGINAL—NON NEGOTIABLE

Manifest No. **#280** Shipper No. \_\_\_\_\_ Carrier No. **ICC 152210**

RECEIVED, subject to the classifications and tariffs in effect on the date of this Original Bill of Lading.

AT \_\_\_\_\_ FROM **Scott Galvanizing** Date **11-17, 19 82**

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

GENERATOR/SHIPPER STATE I.D. # \_\_\_\_\_ EPA I.D.# **WAD009487513**  
 COMPANY **Scott Galvanizing**  
 ADDRESS **1520 N.W. Leary Way**  
 CITY **Seattle** STATE **WA** ZIP **98107** PHONE **783-3100**

TREATMENT/STORAGE/DISPOSAL FACILITY STATE I.D. # \_\_\_\_\_ EPA I.D.# **WAD09437513**  
 COMPANY **Western Processing**  
 ADDRESS **3215 - 196th**  
 CITY **Kent** STATE **WA** ZIP **98031** PHONE **872-8075**

THIS IS TO CERTIFY THE ACCEPTANCE OF THIS HAZARDOUS WASTE FOR TREATMENT/STORAGE/DISPOSAL

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ALTERNATE TREATMENT STORAGE/DISPOSAL FACILITY STATE I.D. CODE \_\_\_\_\_ EPA I.D. CODE \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of this hazardous waste for TREATMENT, STORAGE OR DISPOSAL.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

No. & Types Containers	DOT/EPA Shipping Name/Description & ID Number	If N.O.S Name Used Provide Chemical or Technical Names	EPA/DOT Hazard Class	Exception or Exemption	Quantity/ Volume	Units	Date Generated
Bulk	Waste Sulfuric Acid, Spent		CORROSIVE		5,000	gallons	11-17-82
	Spent pickle liquor		KD62				
	UN 1832						

IMMEDIATE RESPONSE INFORMATION PHONE \_\_\_\_\_ Placards affixed/Provided \_\_\_\_\_  
 CHEMTREC 800-424-9300 **Corrosive**

National Response Center: 1-800-424-8802

SPECIAL HANDLING INSTRUCTIONS/GENERATOR/SHIPPER COMMENTS Time \_\_\_\_\_ AM/PM

RECEIVED BY **STN**  
 Date **11-17-82**  
 Stored in **8035**

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE ENVIRONMENTAL PROTECTION AGENCY.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

TRANSPORTER NO. 1 STATE I.D.# \_\_\_\_\_ EPA I.D.# **WAD058367152**  
 COMPANY **Northwest Tank Service**  
 ADDRESS **1500 Airport Way S.**  
 CITY **Seattle** STATE **WA** ZIP **98134** PHONE **622-1090**

This is to certify acceptance of this hazardous waste for transportation  
 SIGNATURE **[Signature]** PRINT NAME **Richard Johnson** DATE RECEIVED **11/17/82**

TRANSPORTER NO. 2 STATE I.D.# \_\_\_\_\_ EPA I.D.# \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of this hazardous waste for transportation  
 SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

CHARGES TO BE PREPAID ☐ YES ☐ NO AMOUNT TO BE PREPAID \$ \_\_\_\_\_ RECEIVED PREPAYMENT **5**  
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